

## PART B - FEE(S) TRANSMITTAL

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30547      7590      01/07/2008

**BEVER HOFFMAN & HARMS, LLP**  
**2099 GATEWAY PLACE**  
**SUITE 320**  
**SAN JOSE, CA 95110**

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(Depositor's name)

**FILED ELECTRONICALLY**

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/809,287	03/24/2004	Michael S.Y. Wong	ATH-0069-1P	6055

TITLE OF INVENTION: WIRELESS LAN USING RSSI AND BER PARAMETERS FOR TRANSMISSION RATE ADAPTATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$720	<b>\$1,440</b>	\$0	\$720	<b>\$1,440</b> 04/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
PEREZ, JULIO R	2617	370-252000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<b>1 BEVER, HOFFMAN &amp;</b> <b>2 HARMS, LLP</b> <b>3 Jeanette S. Harms</b>

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Atheros Communications, Inc.**

**Santa Clara, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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A check is enclosed.  
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 The Director is hereby authorized to charge overpayment, to Deposit Account Number **50-0574** any deficiency, or credit any overpayment, to Deposit Account Number **50-0574** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **March 24, 2008**

Typed or printed name **Jeanette S. Harms**

Registration No. **35537**

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